## P05000091726

(Requesto	or's Name)		
(Address)			
(Address)			
(City/State	e/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
wrong for Signatu	2		

Office Use Only



600361610286

03/25/21--01011--021 \*\*25.00

07/26/21--01008--015 \*\*10.00

PILED

2021 JUN 28 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FATE

No Resignation

JUL 2.2 2021

D CUSHING

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: thonga corporation				
	ited Liability Company)			
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to:			
roy silva				
(Contact Person)				
americana				
(Firm/Company)		S	202	
18117 biscayne blvd	ALL	CRET	2021 JUN 28 PM	<b>C</b> 3
(Address)			128	ţ*
aventura, FL 33160	17)	구 유	P.	
(City/State and Zip Code)		(S)	1: 5(	, Sec.
For further information concerning this matter	er, please call:	11. 14.	00	
roy silva	786 9558756 _ at ()			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	<del>-</del>		
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for:  \$\square\$ \$\square\$ \$\square\$ \$\square\$ Certified Copy			
Mailing Address:	Street Address:			
Registration Section Division of Corporations	Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



2021 JUN 28 PM 5: 21

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2021

**ROY SILVA AMERICANA** 18117 BISCAYNE BLVD AVENTURA, FL 33160

SUBJECT: THONGA CORPORATION

Ref. Number: P05000091726

We have received your document for THONGA CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

There will be a balance due of \$10.00. Please make sure you sign the form also.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 221A00013155

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RENE B. GiOIA	, hereby resign as_	PIRSIDENT / SECRETARY
		(Title)
of THONGA CORPORATION	のい (Name of Corporation)	
P 05 0000 917 26 (Document Number, if known)	, a corporation organized ur	nder the laws of the State of
FLORIDA	·	
	Î	
	(Signature of resigning officer/direction)	ZI V
		(1)
	FILING FEE IS \$35.00	OF STATE

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314